

INITIAL APPLICATION FOR A SCHOOL TO RECRUIT IN NEBRASKA # 2 FORM -- 4 PROGRAMS OR MORE																																
Name of School:											Attached is a statement verifying that none of the following persons have any felony convictions: (1) any persons having twenty-five (25) percent or more ownership of the applicant school, (2) resident director, (3) administrative staff members.																					
Location of School, including Street, City, State, Zip:											Enclosed is the non-refundable statutory fee of \$1,515.00 made payable to the Nebraska Department of Education.																					
Mailing Address of School including Zip if different than address given above:											Enclosed is a copy of a financial statement for the most recently completed fiscal year prepared in accordance with GAAP. Enclosed are names, addresses, and current status of all schools of which the applicant has previously owned any interest in, and currently owns any interest in, and a declaration as to whether any of these schools were ever denied accreditation, licensing, or authorization to operate from any governmental body or accrediting agency.																					
Telephone Number			E-Mail Address				Web Site Address																									
If the ownership of the school is 1) a corporation, list below the name and address of the corporation, and the names and titles of corporate officers with their respective home addresses; 2) if sole proprietorship exists, list below the name and home address of proprietor, and 3) if a partnership exists, list below the names and titles of all partners with their respective home addresses.																																
Name of Proprietor, Partnership, or Corporation:											Home Address of Proprietor/Partner or of Corporation, including Zip Code																					
Name and Title:											Home Address																					
Name and Title:											Home Address																					
Enclosed is a completed Administrative Form for the Administrative Director whose name is: The complete home address and home telephone number of the Administrative Director is: Enclosed are completed Instructor Qualification Forms for all full and part-time instructors.																																
Program Title											Student/ Teacher Ratio	Days of Attendance							Program Objective			Mode of Delivery			Program Length			Program Measurement		Total Tuition Charge Per Program/ Term	Maximum Enrollment Size	
Listed below are the programs currently being offered. (Enclosed, for each program listed, is a course outline, a course description, and a schedule of classes showing dates and hours of attendance, not given in the catalog . Attached is a list of major items/tools/equipment which are available or which will be made available. Included is information relative to year, make, and model.)												Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Certificate	Diploma	Associate	Resident	Home Study	Other	Weeks	Months	Years	Clock Hours	Credit Hours			

Enclosed are copies of the following data: 1) all enrollment agreements or contract forms to be used with students in Nebraska; 2) refund policy; 3) media advertising and promotional literature and brochures; 4) school catalog; 5) inspection reports from local and state regulatory agencies indicating that the premises and conditions under which students will work and study meet sanitation and safety requirements; 6) the current license or approval issued by the appropriate state agency or national accreditation and \$20,000 school surety bond.																							
Enclosed is a completed application form for an agent's permit. The non-refundable \$1,515.00 statutory fee is enclosed. A surety bond (blanket or individual) in penal sum of \$5,000.00 is enclosed This form may not be reworded. Send completed form and supporting documents to Program Director, Private Postsecondary Career Schools and Veterans Education, Nebraska Department of Education, P. O. Box 94987, Lincoln, NE 68509-4987.												NOTE: If the applicant school is owned by an individual, this application should be signed by the owner; if owned by a partnership, by the managing partner; if owned by a corporation or association, by one of the authorized officers											
												I have read this application, and the statements therein made are true to the best of my knowledge, information and belief.											
												Typed/printed name of School Official						Signature of School Official					
												Title:						Date					